

*CABINET POLICY: Insurance does not go into effect until the  
Kentucky Volunteer Insurance Program has received premium.*

## COURT REFERRAL INSURANCE PROGRAM

**2008-2009**

Please furnish **ALL** information as requested below. Please **TYPE** or **PRINT**.

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
Last First M.I. Include area code

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
dd/mm/yyyy

ADDRESS: \_\_\_\_\_  
Street City Zip

DESCRIPTION OF VOLUNTEER ACTIVITY: \_\_\_\_\_

VERIFICATION FROM SUPERVISOR: \_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_ Title Phone #

BENEFICIARY OF THE INSURED:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

PHONE #: \_\_\_\_\_

Accident: *Rate*  
\$ 7.00

Handling fee to cover the cost of processing:  
(postage, copying, membership fee, etc.) \$ 6.00

TOTAL AMOUNT ENCLOSED: \$13.00

Coverage will expire on June 30, 2009 regardless of the effective date. Fees will not be pro-rated for those applying during the year. **PLEASE DO NOT SEND CASH.** Make your money order payable to "Volunteer Insurance" and mail the application to:

Kentucky Volunteer Insurance Program  
275 East Main Street, 3W-F  
Frankfort, KY 40621

Please allow approximately two weeks for your application to be processed and a receipt mailed verifying your coverage.

Contact the KCCVS at 800-239-7404 regarding coverage information.

E-mail address: [kccvs@ky.gov](mailto:kccvs@ky.gov)

**FOR OFFICE USE ONLY:**

Receipt Date:

\_\_\_\_\_

Signature:

\_\_\_\_\_

**Please feel free to copy this form and share it with volunteers who may not have received it.**

